

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

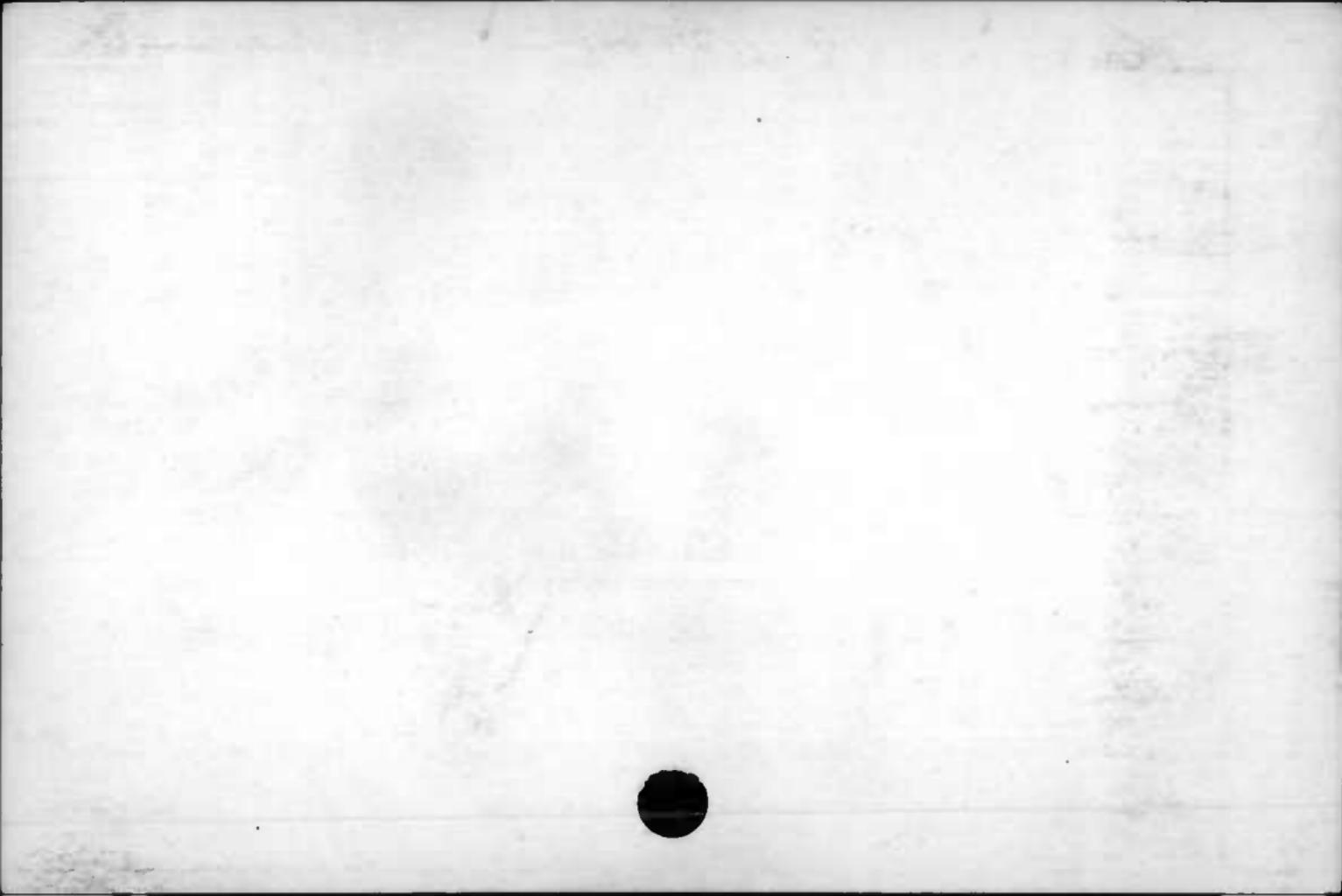
Terrie B. Boston

CERTIFICATE OF DEATH

Died at <u>Sudlersville</u>		Town	County <u>2a ea</u>		MARYLAND	
Date of death <u>1905 Nov</u>	Month <u>5</u>	Day <u>15</u>	Age <u>2</u>	Years <u>2</u>	Months <u>6</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Caucasian</u>	Birth-place <u>Sudlersville Md</u>				
Occupation <u>Playing</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Singer</u>	Name of Wife or Husband <u>—</u>			Father's Name <u>Susie M. Boston</u>	Father's Birthplace <u>Mayfield</u>	
Mother's Maiden Name <u>Maria Fawcett</u>			Mother's Birthplace <u>" "</u>			
Name of person giving Information <u>Susie M. Boston</u>			How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Cold</u>	How long <u>3 days</u>
	Immediate <u>Sanguelet Convuls</u>	How long <u>15 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Es. W. Simmons.</u>
		Address <u>Sudlersville, Md.</u>
Accident or Suicide? <u>—</u>		



Name
in
Full

Hattie Borswick

CERTIFICATE OF DEATH

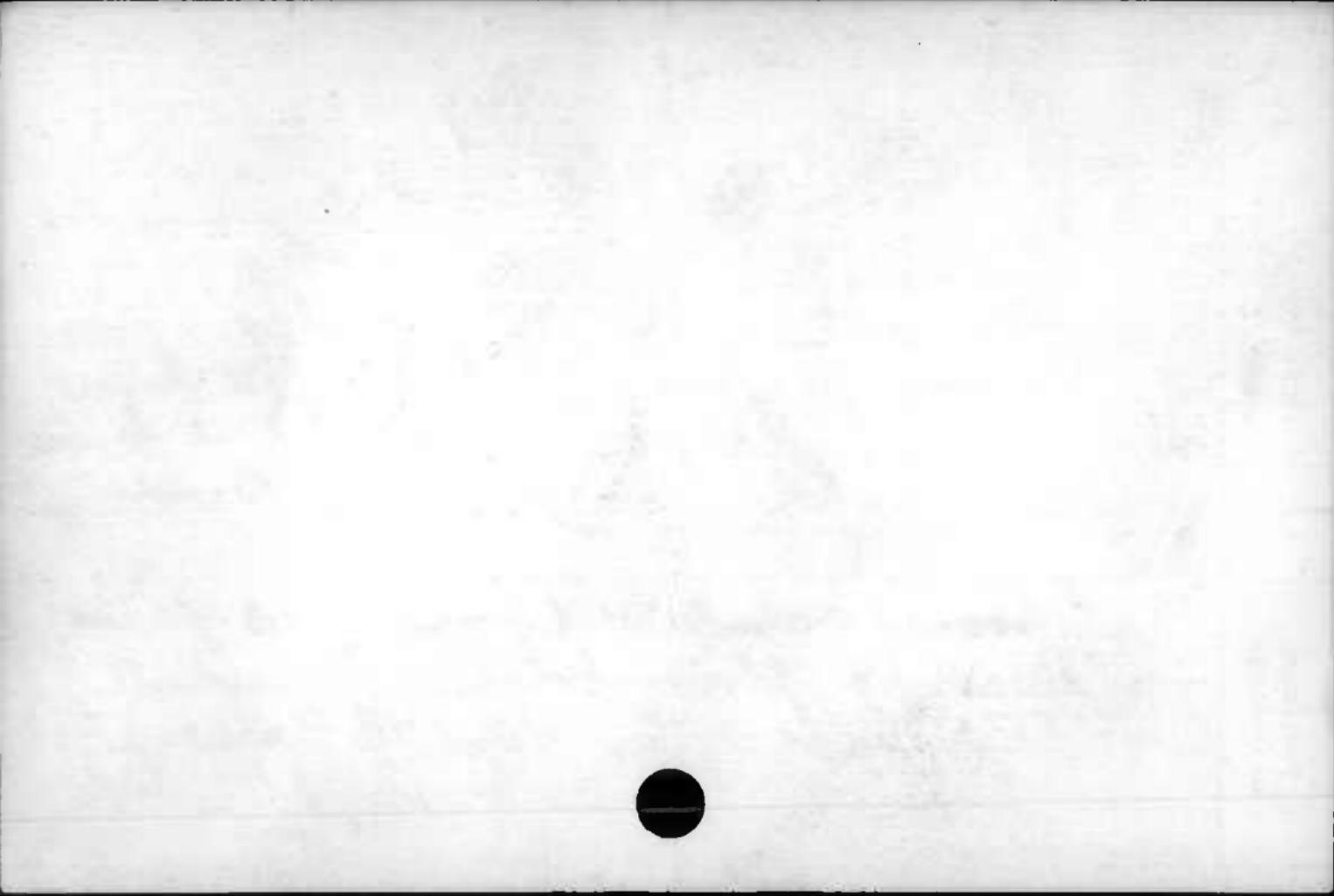
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Homeless</u> Town <u>Ro. P. of</u>		County <u>Iowa</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>21</u>	Age <u>20</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Iowa</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Chas Borswick</u>					
Father's Name <u>Hattie D. Dugay</u>	Father's Birthplace <u>Iowa</u>					
Mother's Maiden Name <u>Leppia Dugay</u>	Mother's Birthplace <u>Iowa</u>					
Name of person giving information <u>Chas Borswick</u>	How related to deceased <u>Husband</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>1 yr</u>
immediate <u>Choads out</u>	How long <u>1 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. T. J. Dudley</u>
	Address <u>Church Hill</u>
Accident or Suicide? <u>No</u>	Mrs. gland



Name
in
Full

Sowell Brooks

CERTIFICATE OF DEATH

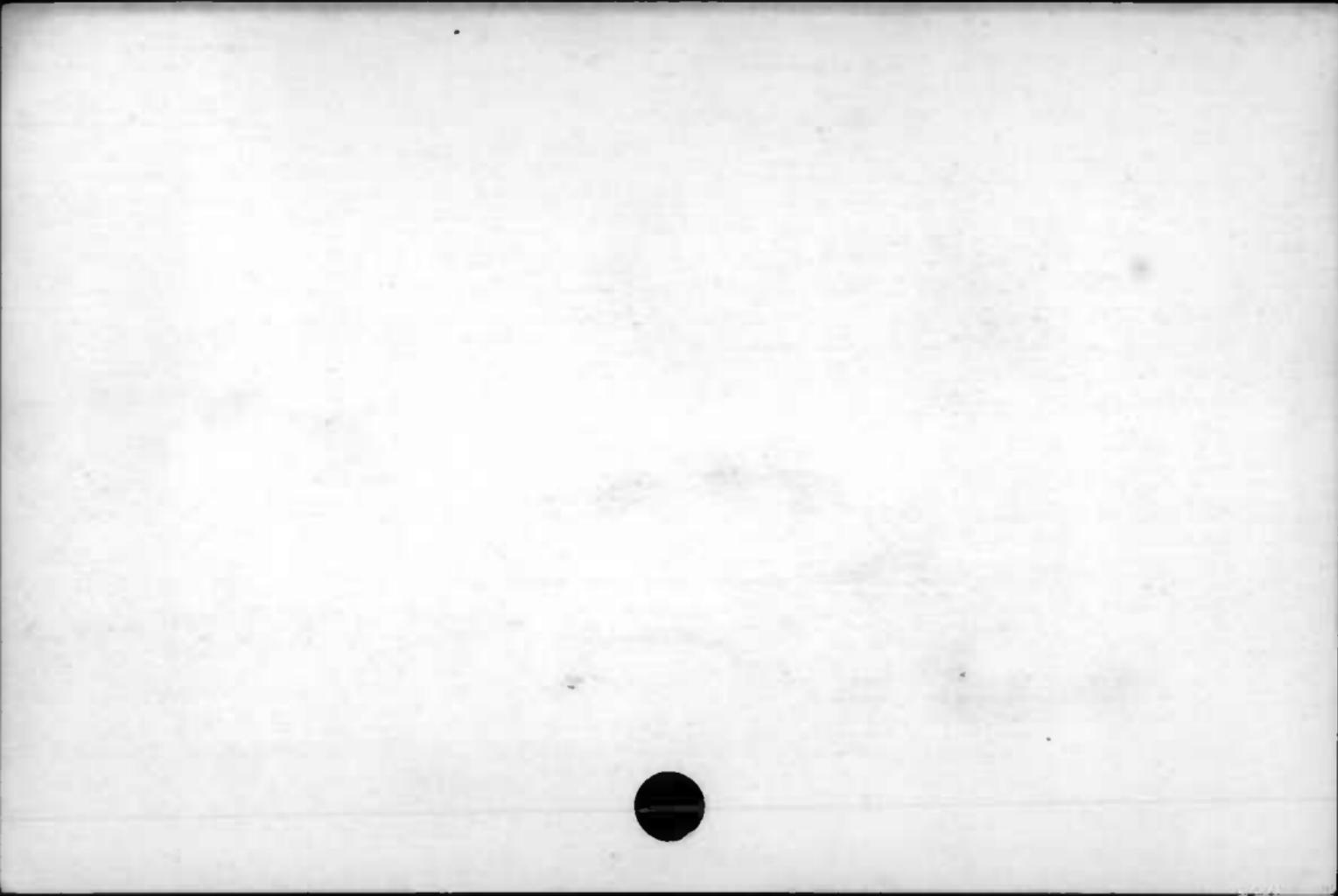
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1905	Month November	Day 14 th	Years Age 81	Months	Days	Don't know
Sex Male	Color or Race Black		Birth-place Queen Anne Co.			
Occupation Laborer	Where Residing if not at place of death					
Married, Single or Widowed Married, Single or Widowed	Name of Wife or Husband		Raining Brooks (dead)			
Father's Name Henry Brooks			Father's Birthplace Don't know			
Mother's Maiden Name Rachel Seegar			Mother's Birthplace Don't know			
Name of person giving information Abraham Brooks			How related to deceased Brother			

CAUSES OF DEATH

Primary	Chronic valvular heart disease		How long	10 years
Immediate	Cardiac thrombosis		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Yes Dr. Betson, M.D.	
		Address	Cummington, Md	
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Clare Brogus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Kent Island	Kent Island		2 a			
Date of death	Month	Day	Years	Months	Days	
1905	Nov	9	Age	one		
Sex	Color or Race		Birth-place			
Female	Color		Kent Island			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Haard Brown			
Father's Name	Haard Brown		Father's Birthplace		Kent Island	
Mother's Maiden Name	Lizzie E. Saule		Mother's Birthplace		
Name of person giving information	Father		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

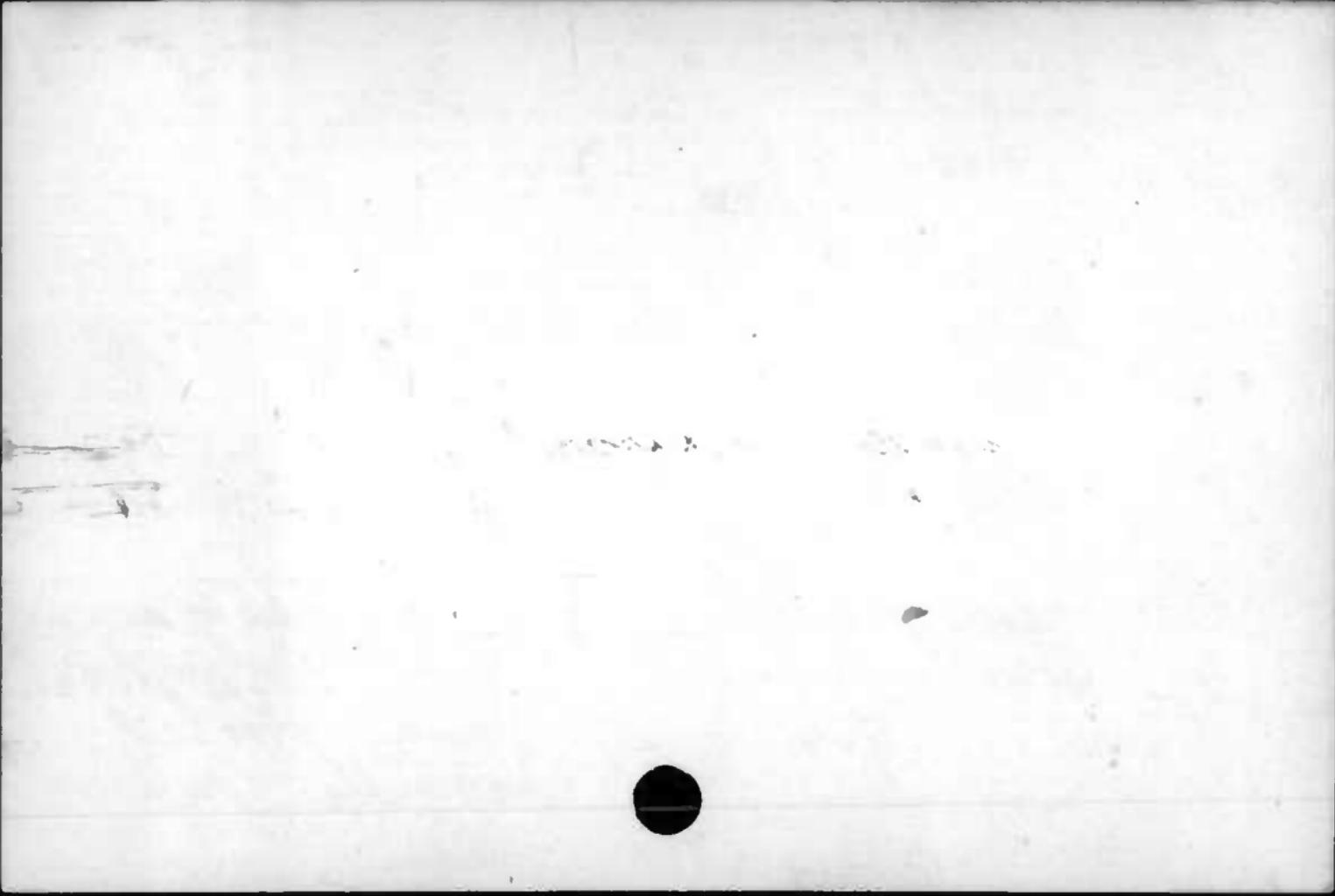
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. C. Thomas undertaker
Kent Island Md

Address

Accident or Suicide?



Name
in
Full

Perry Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
190	Nov	27	Years	Months	Days
Sex	Male	Color or Race	Black	Birth-place	St. Co.
Occupation	None				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Charlotte Brown		
Father's Name	—				
Mother's Maiden Name	—				
Name of person giving information	Mr. H. Smith				
CAUSES OF DEATH					
Primary	Pneumonia				
Immediate	Heart failure				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long	
Yes		Lane Imbel		In years	
				Do not know	
				In months	
				In days	

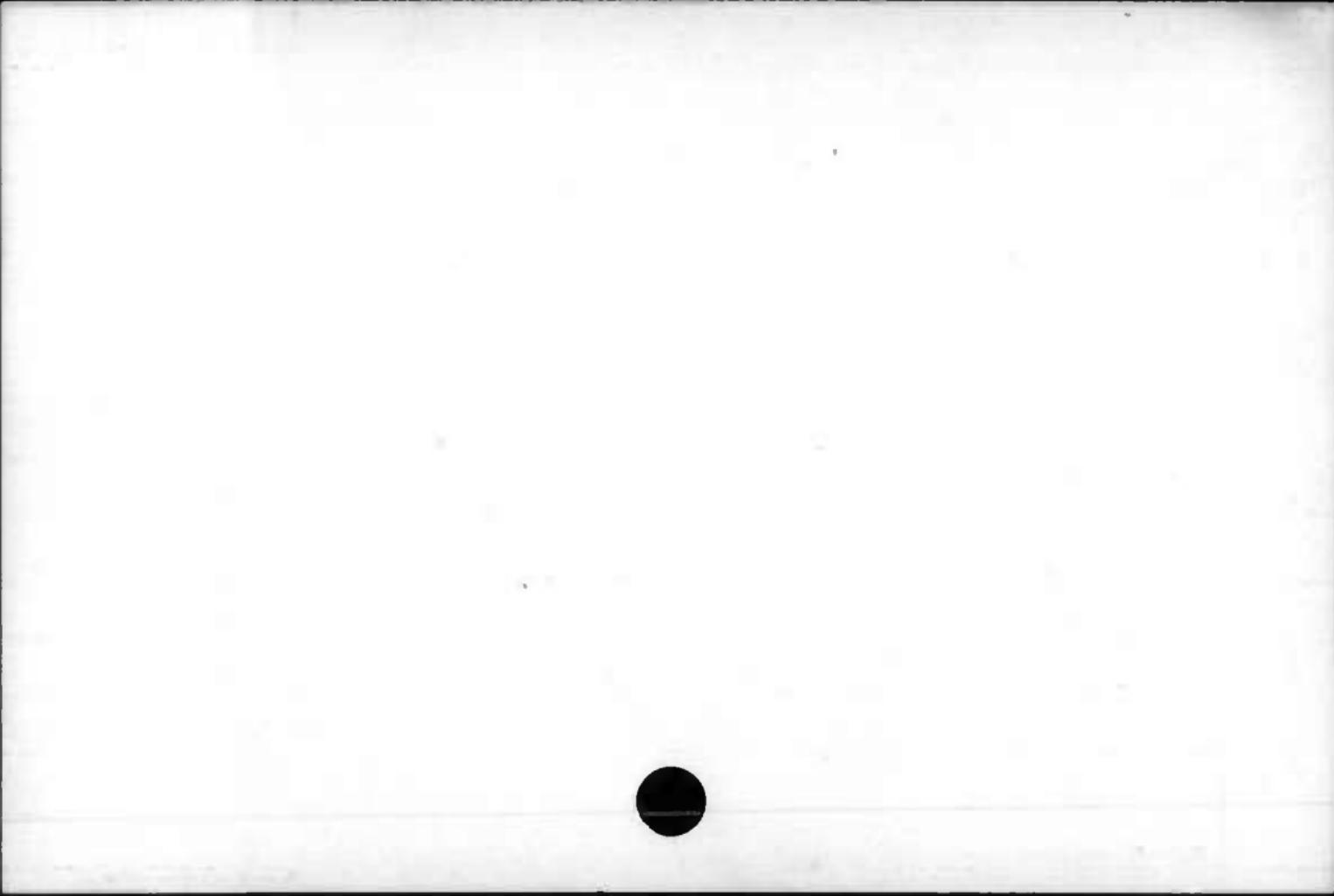
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address



Name
in
Full

Rae L. McFarland Capel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burnsville</u>		Town <u>Burnsville</u>		County <u>Queen Anne's</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>11</u>	Day <u>17</u>	Age <u>21</u>	Years <u>21</u>	Months <u>11</u>	Days <u>4</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>2-2-60</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death		<u>Place of death</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>James Capel</u>						
Father's Name <u>Wm L. McFarland</u>	Father's Birthplace <u>Salisbury 60</u>						
Mother's Maiden Name <u>Mallie A Bassett</u>	Mother's Birthplace <u>Delaware</u>						
Name of person giving information <u>Wm L. McFarland</u>	How related to deceased <u>Father</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Placenta Praevia

(5)

How long

13 days

Immediate

Pyemia

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

yes

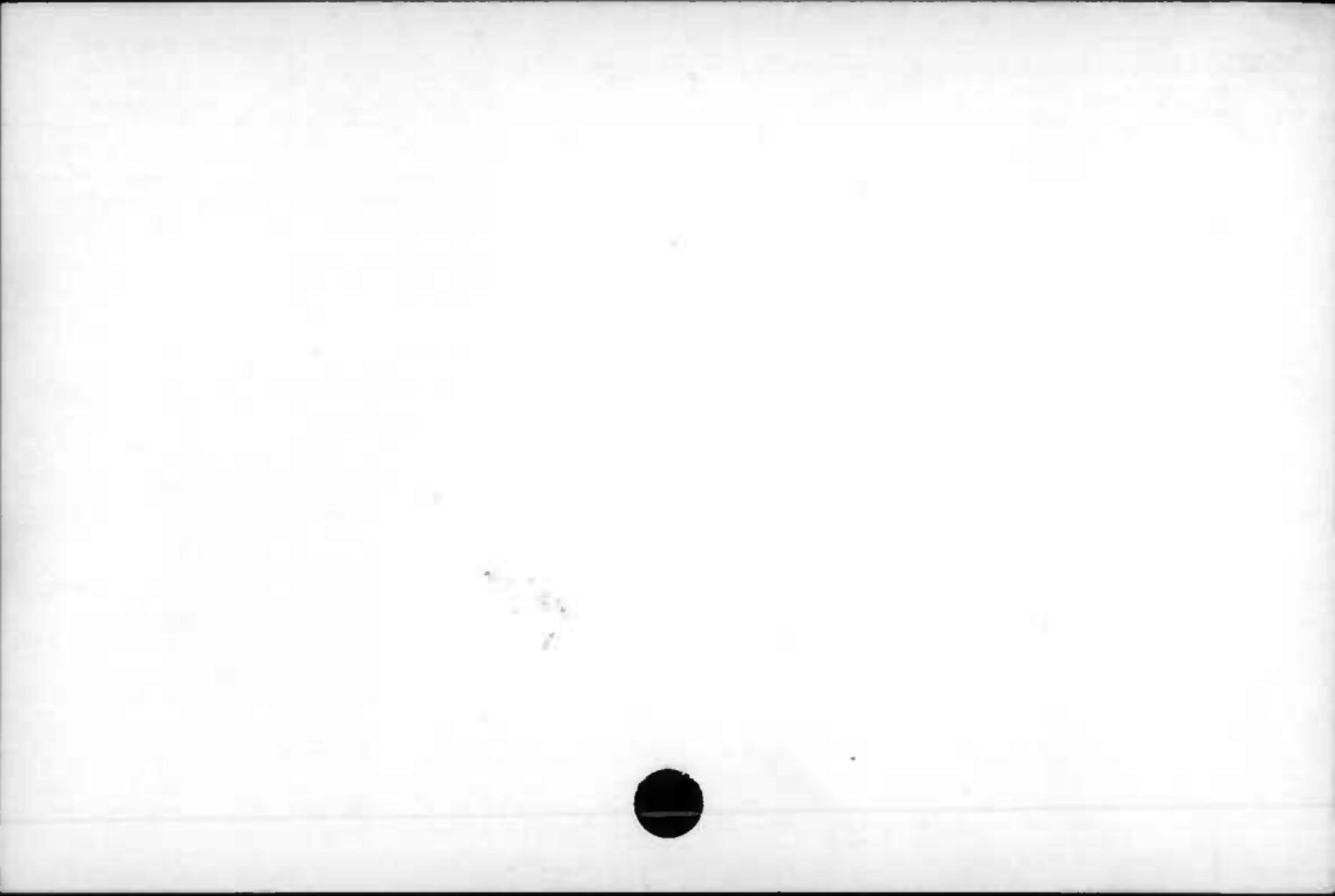
Signature of Physician

Address

Imparkrace
Burnsville
Queen Anne's

Accident or Suicide?

no



Name
in
inTo BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

James Dorone's

CERTIFICATE OF DEATH

Died at <u>Bentwille</u>		County <u>Queen Anne's</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>11</u>	Day <u>20</u>	Years <u>4</u>	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>Bentwille</u>			

Occupation <u>Playing</u>	Where Residing if not at place of death <u>Place of death</u>
---------------------------	---------------------------------------------------------------

Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>
------------------------------------------	----------------------------------

Father's Name <u>John Dorone</u>	Father's Birthplace <u>Bentwille</u>
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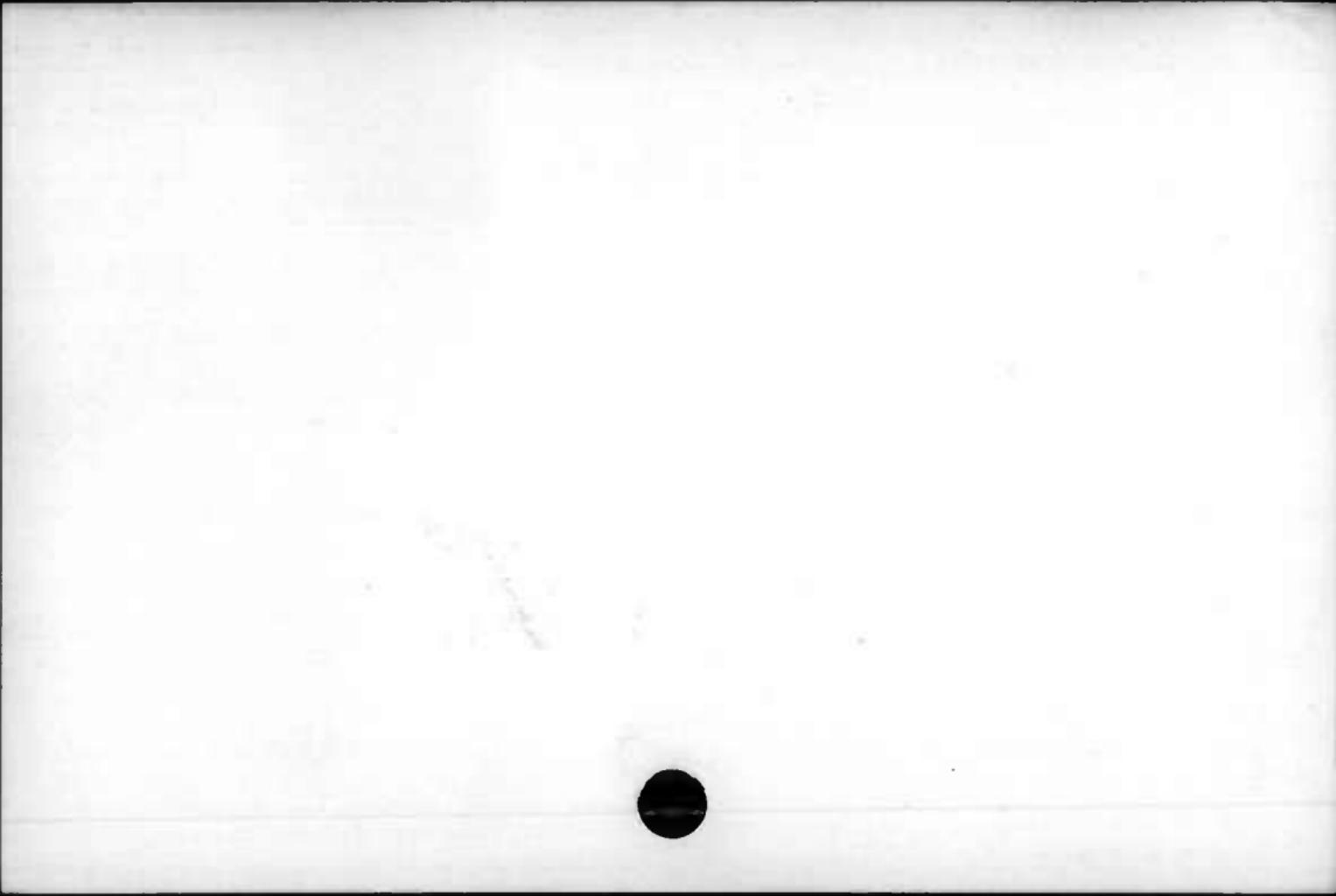
Mother's Maiden Name <u>Mary Taylor</u>	Mother's Birthplace <u>Bentwille</u>
-----------------------------------------	--------------------------------------

Name of person giving information <u>John Dorone</u>	How related to deceased <u>Father</u>
------------------------------------------------------	---------------------------------------

CAUSES OF DEATH

Primary <u>Croupyemia</u>	How long <u>6 months</u>
Immediate <u>Chancery</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John Dorone</u>
	Address <u>Bentwille</u>

Accident or Suicide? no



Name
in
Full

Mrs Mary C Golt

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town Kintzelance	County 2d,	MARYLAND		
Date of death 190	Month Nov.	Day 12	Years Age 60	Months	Days	
Sex Female	Color or Race white	Birth- place Frederick Co				
Occupation House wife	Where Residing if not at place of death Kintzelance					
Married, Single or Widowed	Name of Wife or Husband Samuel C. Golt					
Father's Name John Thompson	Father's Birthplace Montgomery Co					
Mother's Maiden Name Ella P. Prislow	Mother's Birthplace Frederick Co					
Name of person giving Information Mrs Annie C Smith	How related to deceased sister					

CAUSES OF DEATH

Primary

Cirrhosis of Liver

How long
1 year

Immediate

Exhaustion

How long
1 week

Are the name, age, sex, color, date
and place correctly given above?

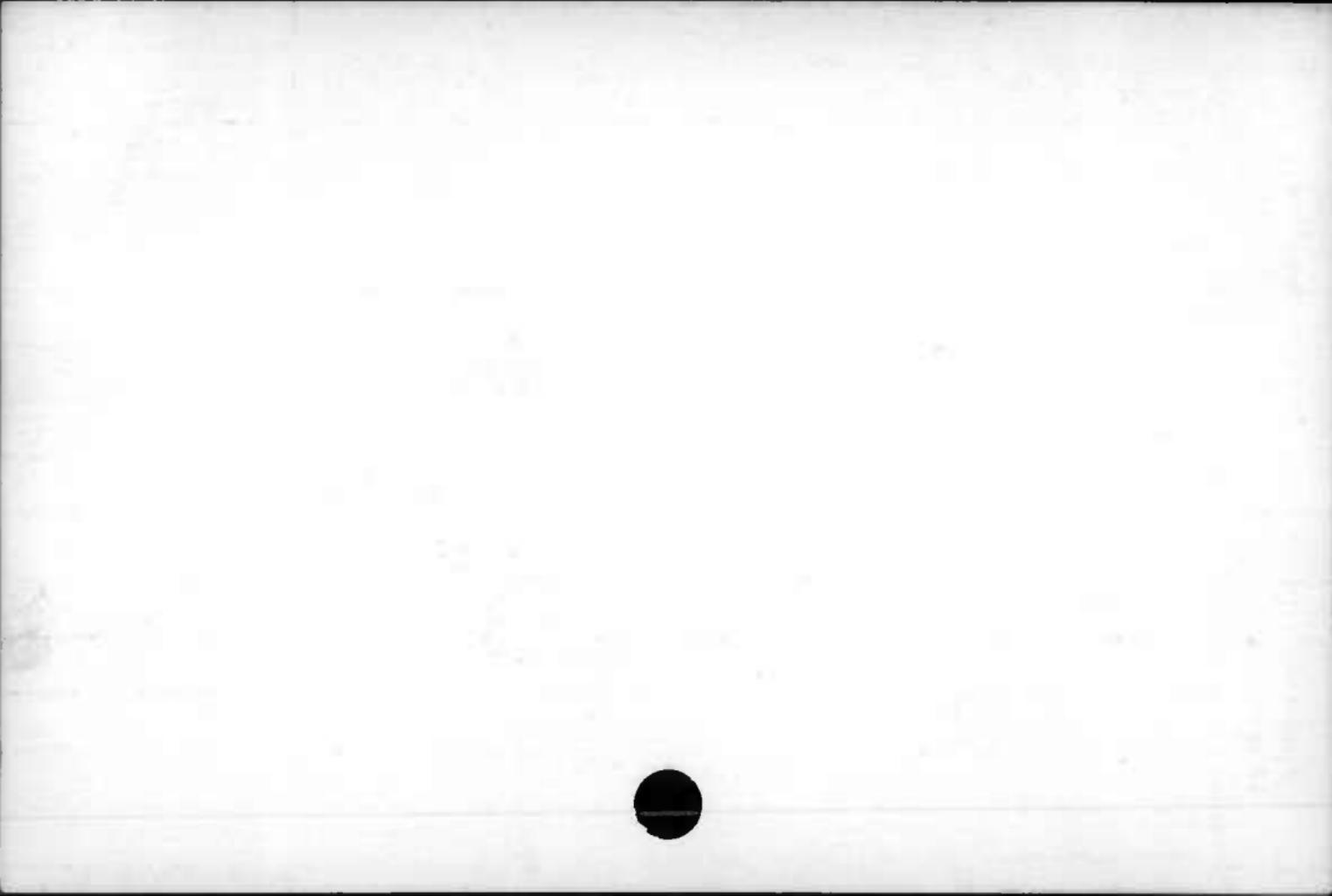
Yes

Signature of
Physician

Address

Percy Kump
Steelville
Md.

Accident or Suicide?



Name
in
Full

Barnan Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Centreville</u>		Town <u>J. J.</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov</u>	Day <u>9</u>	Years <u>18</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Where Residing if not at place of death <u>J. A. Bo</u>		<u>Centreville</u>	
Occupation <u>Barber</u>	Name of Wife or Husband <u>Wm Hawkins</u>		Father's Name <u>Wm Hawkins</u>	Father's Birthplace <u>J. A. Bo</u>	
Married, Single or Widowed <u>Widowed</u>	Mother's Maiden Name <u>Kate Hawkins</u>		Mother's Birthplace <u>J. A. Bo</u>	How related to deceased <u>Mother</u>	
Name of person giving information <u>Kate Hawkins</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank Drury
Centreville
Md

I only saw him once

Accident or Suicide?

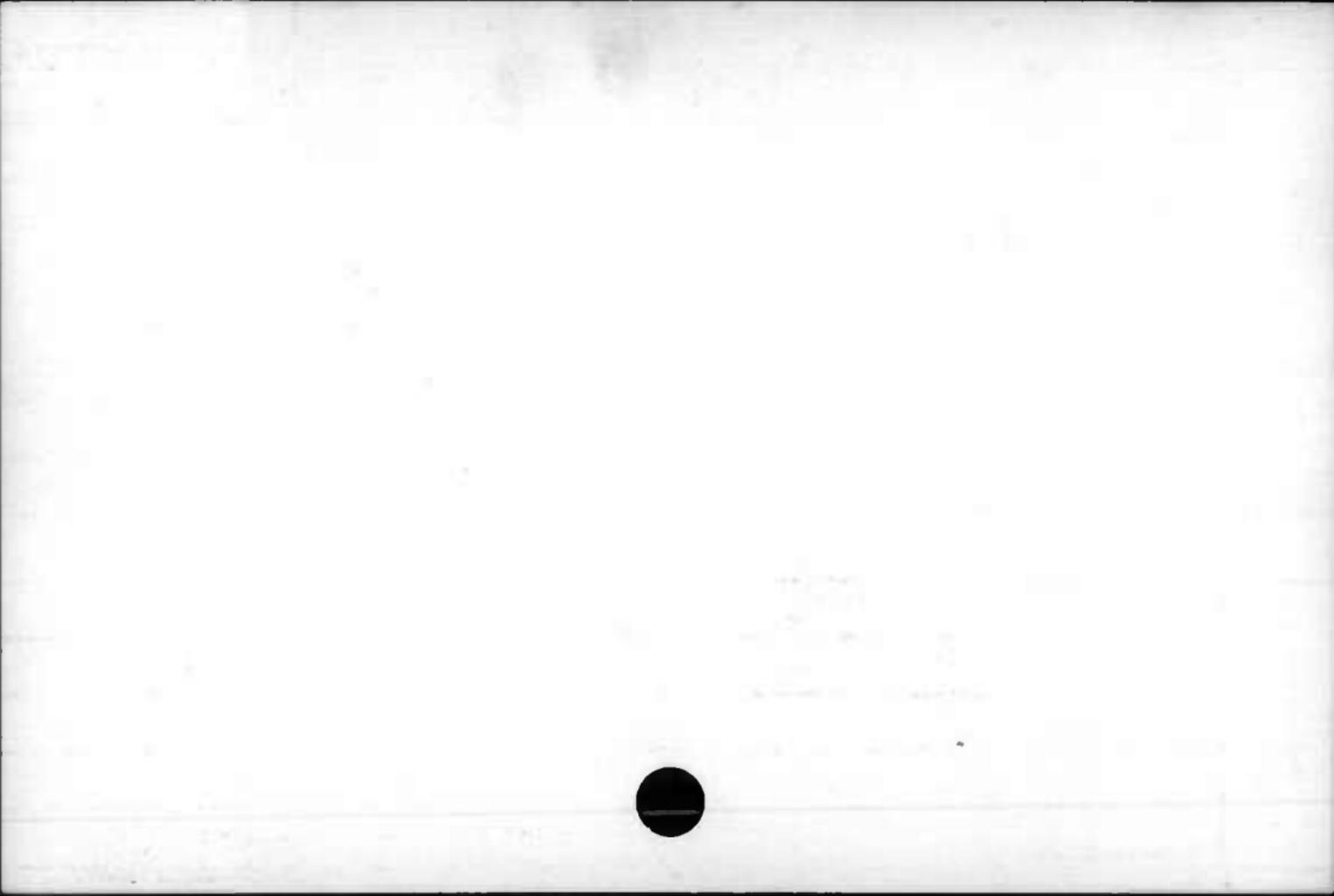
How long

How long

6 mo

, 2 dogs

9



Name
in
Full

Grace E. Helyard

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Church Hill

Count of hours

MARYLAND

Date of death 1905

Month Nov

Day 9th

Years Age 17

Months 10

Days

Sex Female

Color or Race

Colored

Birth-place

Church Hill

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

George Helyard

Father's
Birthplace

Alma Texas Co

Mother's
Maiden Name

Frances Helyard

Mother's
Birthplace

Alma Texas Co

Name of person giving
Information

Robert Weaver

How related
to deceased

None

CAUSES OF DEATH

Primary

Pneumonia tubercularis
Exhaustion

How long

4 mos

Immediate

Yea

How long

2 hours

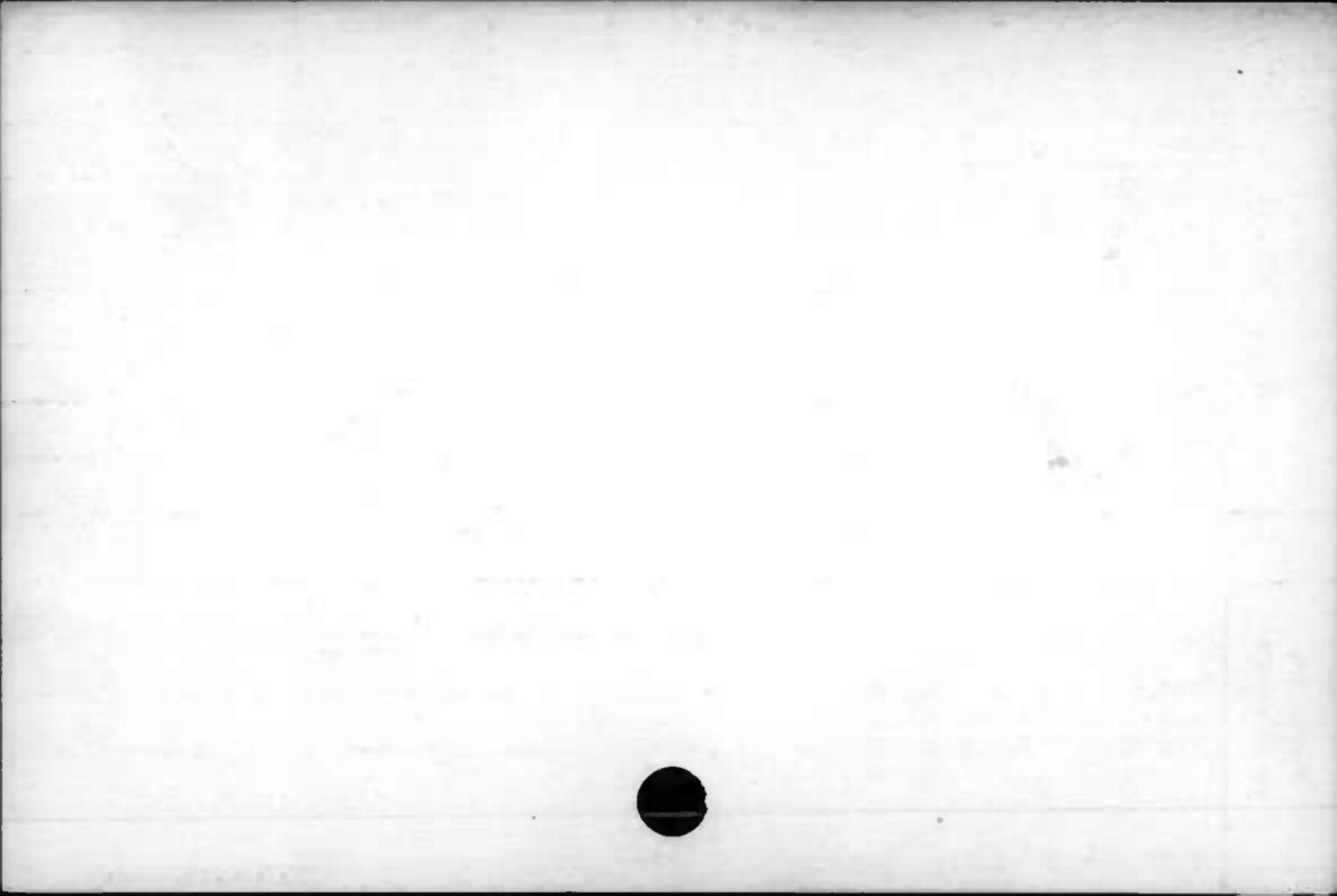
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. J. S. Dudley
Church Hill
Maryland

Accident or Suicide?



Emanuel Holters

Town

County

Died at Alms House Queen Anne's MARYLAND
 Month Day Y. M. D. Native of
 1905 November 9th 60 yes

Date 1905
 Male White Married Widow
 Female Colorado Single Widower
 Number of children living none

Husband of Anne Holters

Wife

Father's Name

Mother's Maiden Name

Cause of

Primary

Paroxys

How long sick

8 months

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

J. C. Holters M.D.

Address

Centreville - Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



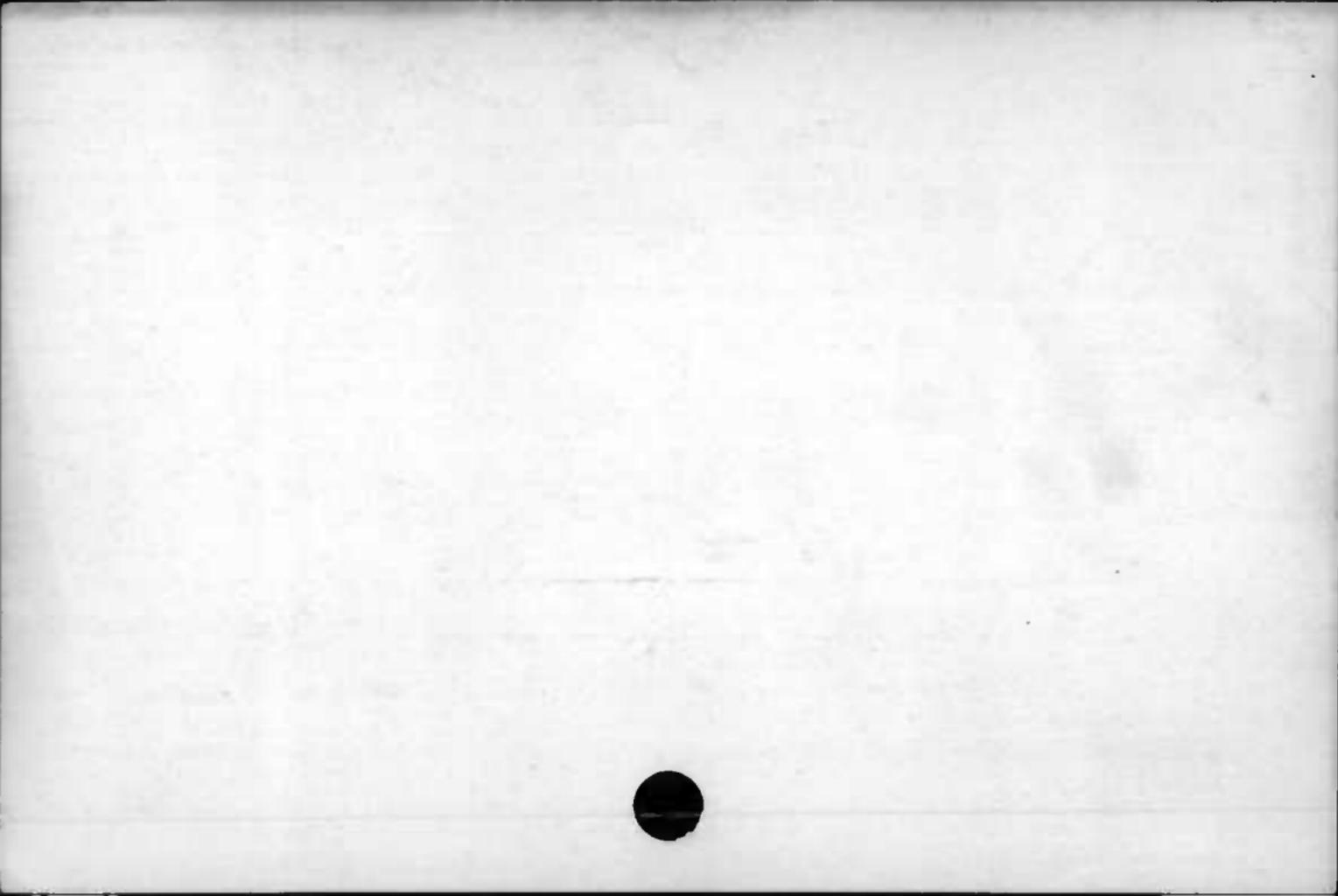
Dewey Kirby

CERTIFICATE OF DEATH

Died at <u>Baltimore</u>		Town	County <u>Queen Anne</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>November</u>	Day <u>14</u>	Years <u>6</u>	Age <u>6</u>	Months <u>4</u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Washington D.C.</u>		
Occupation <u>School boy</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband					
Father's Name <u>Jas P. Kirby</u>			Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>John P. Canale</u>			How related to deceased <u>No</u>			

CAUSES OF DEATH

Primary	<u>Gun-shot wound</u>	How long <u>Immediate</u>
Immediate	<u>Gun-shot wound</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo W. Belanger M.D.</u>
		Address <u>Baltimore, Md</u>
Accident or Suicide? <u>Accident</u>		



Amy Legg

Town	Atmos House			County	2d Anne's			MARYLAND
Died at	Month	Day	Y.	M.	D.	Native of	Occupation	
Date 19 O S	Nov	3	Age 90.	'	'	2d Anne's	Sorceress	
Mate	White	Married	Widow	Divorced		Number of children living	no History	
Female	Colored	Single	Widower					

Husband of
Wife
Father's
Name

Mother's
Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Old age natural decay

Accident, Suicide, Homicide

Reported by

Mrs. Bolton.

Address

Centerville

2 A C M²

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	Massey (Md.)		County		
Date of death	1905 Nov	Month	Day	Years		Months	Days
Sex	male	Color or Race	white	Age	stillborn	Birth-place	Queen Anne's
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Joseph L. Massey Jr.		Father's Birthplace		Kent	
Mother's Maiden Name		Helen M. Gooding		Mother's Birthplace		Kent	
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

S.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

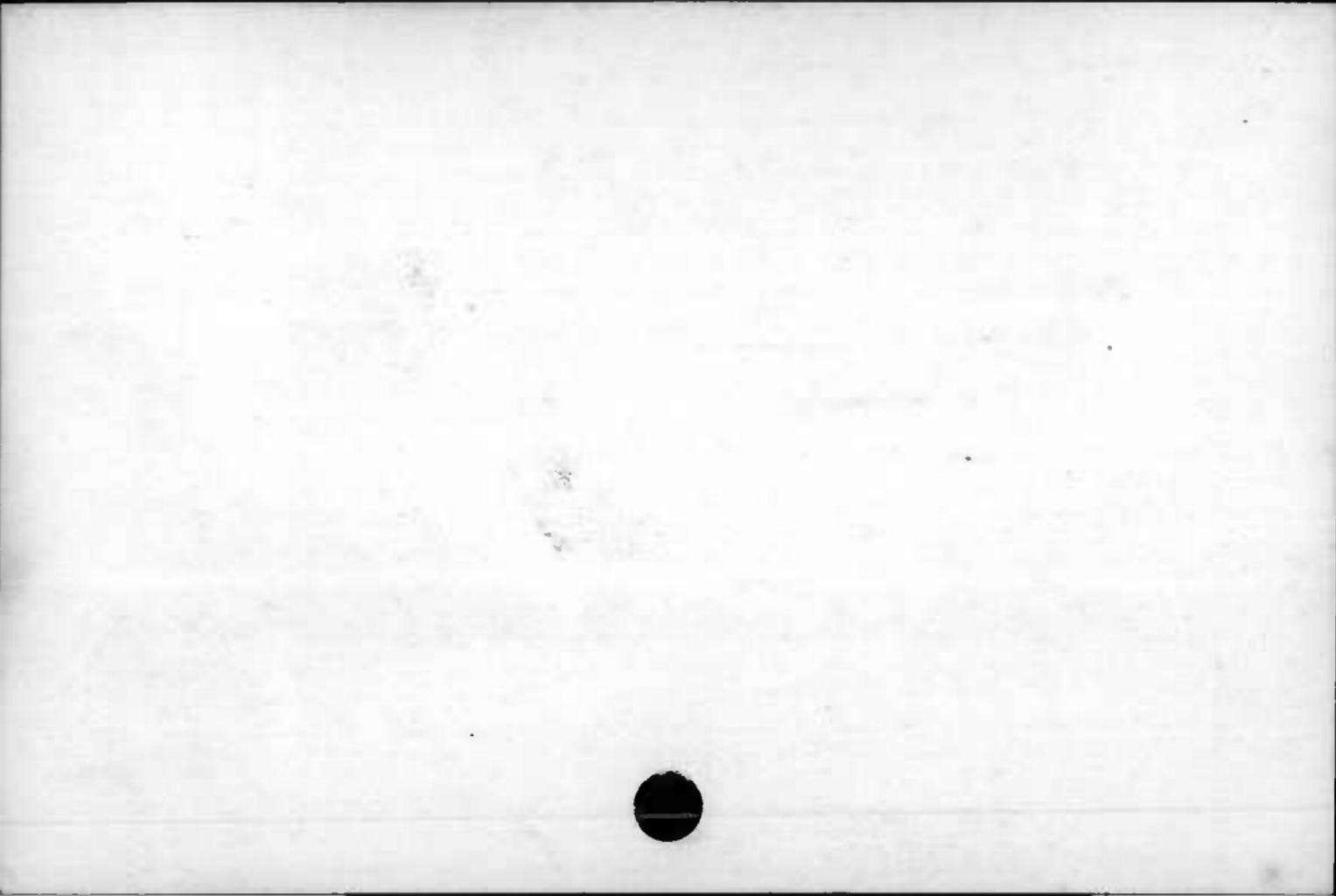
Signature of Physician

E. W. Whaland.

Address

Baltimore Md.

Accident or Suicide?



Name
in
Full

Sarah Jane Pfeffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	County				
Died at	Laurelton				
Date of death	Month	Day	Years	Months	Days
1905	Nov.	2nd	Age 74	2	27
Sex	Female	Color or Race	White	Birth-place	Atlantic Co., N.J.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Spouse	Name of Wife or Husband	Lorenzo Pfeffer		
Father's Name	Thomas Pfeffer				
Mother's Maiden Name	Annie Griffith				
Name of person giving Information	Jonathan Pfeffer				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Interstitial Nephritis

How long

12-15 yrs

Immediate

Uremia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

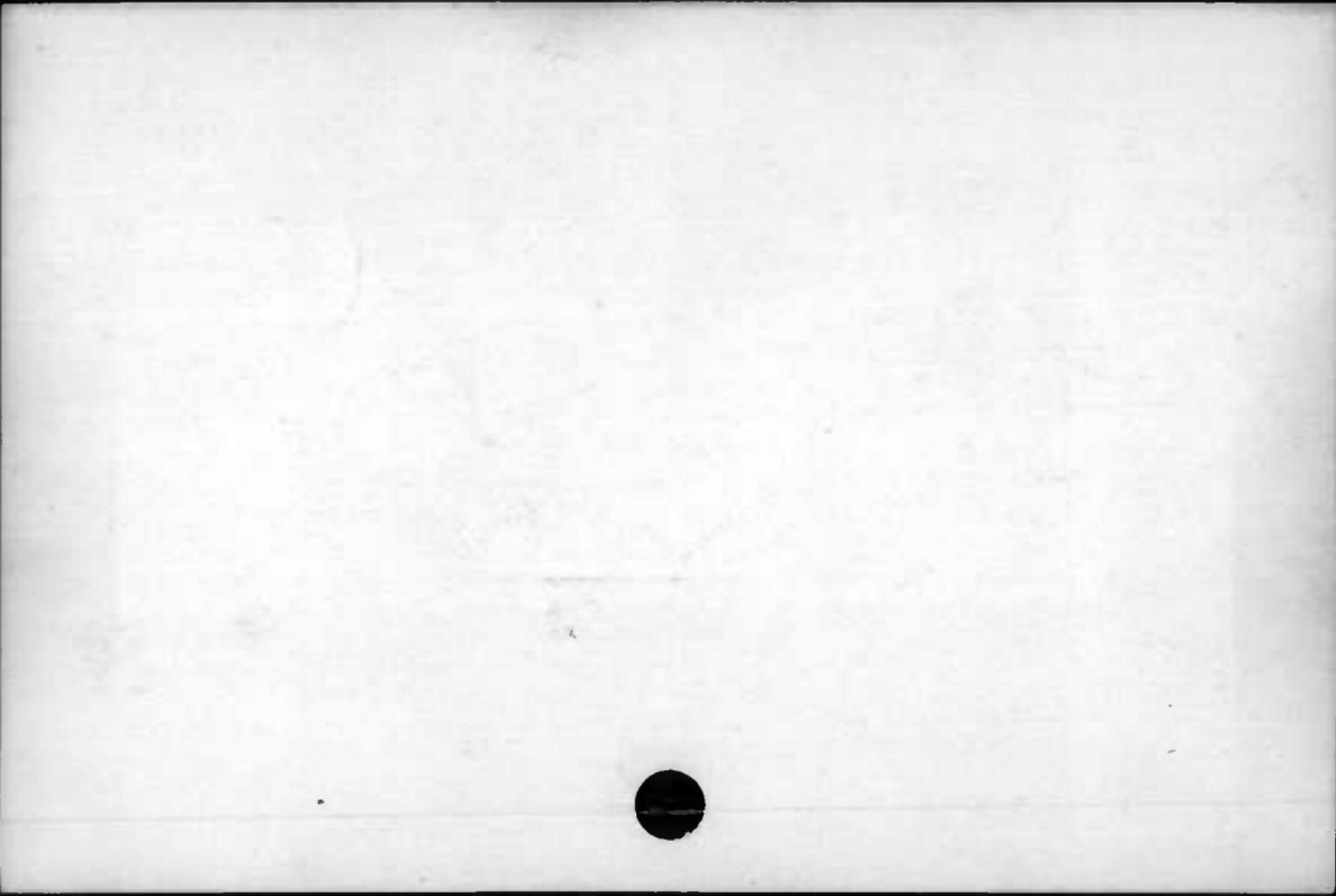
Geo H. Betens, M.D.

Laurelton

N.J.

Accident or Suicide?

N



Elizabeth Grice

Town

County

Died at

Alice House

Queen Anne

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

Nov 29

Age 30

→

24.6

none

Male

Married

Widow

Female

Single

Widower

Divorced

Number of children living

Husband of

No history

Mother's

Wife

Father's

Name

Maiden Name



How long sick

Cause of

Primary



Accident, Suicide, Homicide

Death

Immediate

Apposhy Paralysis
was stated

Reported by

I A Holton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Clarence E.O.O. Sanders

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Hope Town

County Queen Anne's

MARYLAND

Date of death 1905 Month Nov

Day 10

Years 16

Months 5

Days 20

Sex Male

Color or Race

Colored

Birth-place

Hope, Ind.

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or Husband

Father's Name

Edward O.O. Sanders

Father's Birthplace

Baltimore Co., Md.

Mother's Maiden Name

Rebecca J Foster

Mother's Birthplace

Baltimore, Md.

Name of person giving
Information

Edward O.O. Sanders

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

}

How long

18 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

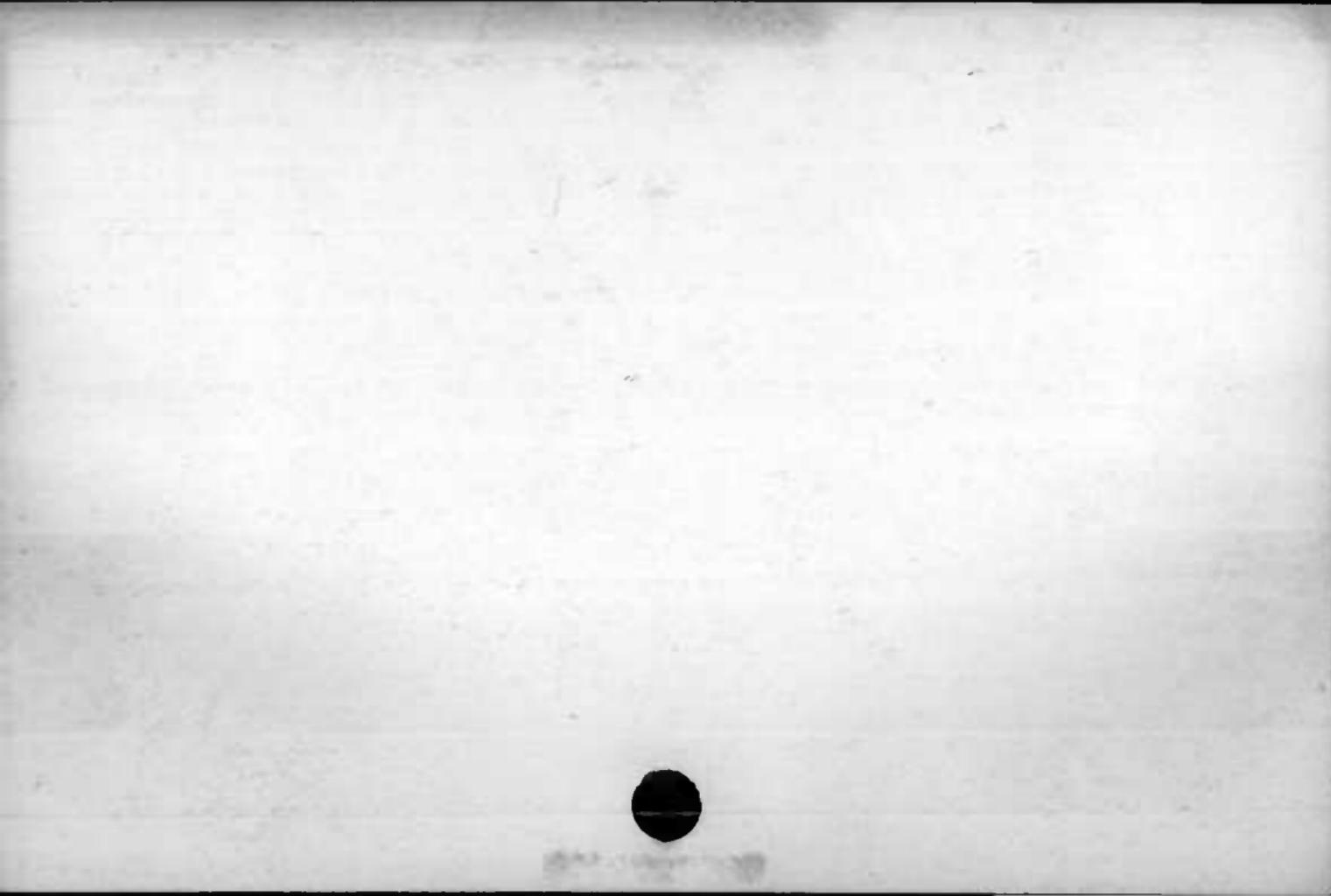
Yes

Signature of
Physician

Walter H. Fenby,
Ruthsburg, Ind.

Address

Accident or Suicide?



Name
in
Full

Jm J. Neelton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Church Hill</u>		County <u>Baltimore</u>		MARYLAND		
Date of death 1905	Month 11	Day 8	Age 3	Years 3	Months 3	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>near Church Hill</u>				
Married, Single or Widowed <u>Single</u>	Occupation <u>Playing</u>					
Name of Wife or Husband <u>—</u>						
Father's Name <u>Geo Neelton</u>	Father's Birthplace <u>24-bed</u>					
Mother's Maiden Name <u>James Davis</u>	Mother's Birthplace <u>24-bed</u>					
Name of person giving Information <u>Geo Neelton</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Membranous Croup

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Geo Neelton
Baltimore

Accident or Suicide?

No

